

Entered - 5-1-01- sb
CL 01L0316 ALEXIS HOLMES

01-*R* -1026

CLAIM OF: **STATE FARM INSURANCE COMPANY**
As Subrogee of
Felancie and Nancy Joseph
P.O. Box 370568 Decatur, Georgia 30568

For damages alleged to have been sustained as a result of a vehicular accident on November 16, 2000 at 1100 Custer Avenue.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANY As Subrogee of FELANCIE AND NANCY JOSEPH** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on November 16, 2000 at 1100 Custer Avenue** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. Gray DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0316

Date: 6/15/01

Claimant /Victim FELANCIE AND NANCY JOSEPH
BY: (Atty)(Ins.) State Farm Insurance Company.
Address: P.O. Box 370568 Decatur, Georgia 30568
Subrogation: X Claim for Property damage \$ 3,997.25 Bodily Injury \$ _____
Date of Notice: 5/15/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/16/00 Place: 1100 Custer Avenue, Atlanta, Georgia
Department Public Works Division: Waste Water Services
Employee involved David Cook Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: The claimant sustained vehicular damage when he stopped to yield for another vehicle when a City vehicle struck his vehicle from behind.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written X Oral X
Pictures X Diagrams X Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver None Claimant Driver None
Citation disposition: City Driver None Claimant Driver None

BASIS OF RECOMMENDATION:

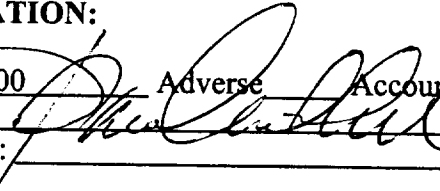
Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager:  Concur/date 6-15-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

Holmes
05/15/07

4-14-01

Attn: Diane Mitchell

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3997.25 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 11-16-00
(month/day/year)

2. Police called: ☒ ENTERED - 5-17-01 - SB
01L0316 - ALEXIS HOLMES

3. Location of incident: Custer Ave SE, Atlanta, GA

4. Name of your insurance company: State Farm Mutual Policy No. 0114-241-11A

5. State what and how incident occurred: Struck in rear when stopping for turning veh.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 94 Mitsubish 463 XFS Nancy Joseph
(make) (year) (tag number) (driver's name)

City vehicle: Ford David A Cook City of Atlanta
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.



STATE FARM
INSURANCE COMPANIES
HOME OFFICES: BLOOMINGTON, ILLINOIS

DENISE EUBANKS
Claim Expediter

Panola Service Center
5301 Snapfinger Park Drive
P.O. Box 370568
Decatur, GA 30037-0568

Phone: (770) 593-6436

* 7/593-6455
State Farm Mutual
(claimant's name)
P.O. Box 370568
(address)
Decatur GA 30037
(city and state)
770 954-0141
(work number) (home number)

Claim # 11-3556-838

GENERAL RELEASE AND INDEMNIFICATIONCLAIM NUMBER 01L0316\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND 00/100
DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,
 I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,
 its officers and employees, including but not limited to David Cook, from any and all property damage claim,
 demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account
 of anything that has heretofore occurred, and particularly for or on account of vehicular accident
 which occurred on or about the 16th day of November, 2000
 at or near 1100 Custer Avenue

It is further understood and agreed that the payment of the above named sum is not to be considered as
 admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
 undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
 servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
 agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

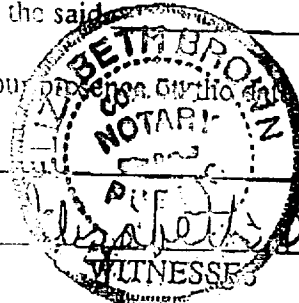
And I now state that the only consideration for my signing this release and indemnification is the payment
 of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
 said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
 instrument.

WITNESS my hand and seal this Keth day of June, 2001

Dennis J. Bank (L)
 STATE FARM INSURANCE COMPANY as subrogee
 FELANCIE and NANCY JOSEPH

The above release was read and explained to, and signed by the said

in our presence and to the effect above written.



01- R-1026